

For Departmental Use Only		(Check One)	
Do Not Write in the Spaces Below		New	Renewal
		Application	Application
Certification Number		Please Type or Print Legibly	
Certification Date			
Expiration Date			
 <div>MONTANA DEPT. OF ENVIRONMENTAL QUALITY BLASTER CERTIFICATION PROGRAM APPLICATION & RENEWAL FORM</div>		HEIGHT	WEIGHT
		COLOR OF EYES	COLOR OF HAIR
		BIRTH DATE (MM/DD/YY)	SOCIAL SECURITY NO.
NAME OF APPLICANT (Print or type)			
MAILING ADDRESS			
CITY		STATE	ZIP CODE
ARE YOU CURRENTLY CERTIFIED UNDER ANOTHER STATE OR FEDERAL PROGRAM YES NO (Check One)		HAS YOUR BLASTER CERTIFICATION EVER BEEN REVOKED? YES NO (Check One)	
<div></div>		<div></div>	
IF YES, LIST PROGRAM AND CERTIFICATION NUMBERS		<div></div>	
1.)	3.)	IF YES, WHY?	
2.)	4.)		
APPLICANT EXPERIENCE RECORD (Most Recent Experience Listed First.)			
FROM MO/YR	TO MO/YR	COMPANY (City, State)	FOREMAN
		TYPE OF BLASTING EXPERIENCE *	
*NOTE: Please attach additional sheets if more space is needed			
TRAINING COURSES COMPLETED WITHIN THE LAST THREE YEARS (Attach Verification) *			
LENGTH OF COURSE (HRS)	NAME OF COURSE	DATE COURSE COMPLETED	COURSE DESCRIPTION
PRESENT EMPLOYER OR NAME OF BUSINESS			HOME PHONE
BUSINESS ADDRESS			BUSINESS PHONE
CITY			STATE, ZIP CODE
APPLICANT SWEARS THAT ALL OF THE FOLLOWING ARE TRUE: (a) I am physically and mentally fit to handle explosives safely; (b) I am experienced in the use of explosives (c) I have not been convicted of a felony or misdemeanor involving the use of explosives; (d) I am of good moral character; (e) I am not addicted to narcotic drugs or intemperate in the use of alcohol; (f) That I have read the <u>Montana Blaster Certification Manual</u> and am familiar with the contents therein; (g) The statements made in this application are true .			NOTE: Blaster certification expires every three years. You must complete this form when seeking renewal. The Department will notify you shortly concerning examination information.
APPLICANT'S SIGNATURE			DATE